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PUBLIC HEALTH NURSES IN WAR SERVICE

BY EDNA L. FOLEY, R.N.

The following extracts from letters from nurses doing public health nursing under the auspices of the Red Cross, in cantonment zones or on emergency service, will give city-bred and trained nurses some idea of the splendid pioneer service which women can render their country in war times. For obvious reasons, states, towns and nurses' names are not mentioned. One point, however, is well brought out in the letters and that is that in time of war, a person trained to do one thing well is expected to use that training in doing a radically different thing equally well. The nurse may be asked to teach, the lawyer may be asked to dig a trench, the engineer may be asked to do anything under the shining heavens. It is a tribute to the efficiency of her training and her public health nursing experience when a visiting nurse is able to do this work successfully, both because there is no one but herself to do it and also because her previous training was well grounded.

FIRST LETTER

When I came here on short notice six months ago, I had visions of doing general visiting nursing. When I arrived I was informed that I was to do tuberculosis work, so I was, by that token, converted into a tuberculosis nurse, just as a soldier is made into a cook by being told that he is a cook, I suppose. When I began looking around to find out what tuberculosis work consisted of here, I found there "wasn't no such animal." In other words, I wasn't to take over or help with what was being done, but was to begin at the beginning. There had never been any attempt at anything even pointing in that direction, except that the one visiting nurse in town, who was supported by the churches, gave care to bedridden cases when she had time. In addition, there was an industrial nurse who cared for insured cases, but was unable to do anything for an equally sick patient in the same home if Patient No. 2 did not happen to be insured.

I began the work by calling upon the physicians, which wasn't easy, as very few keep regular office hours, but I succeeded in interviewing most of them. Three had their office girls inquire very carefully if I were soliciting funds for the Red Cross before they would consent to see me. Most of them were interested and thought that there was a great deal of tuberculosis here which was only being reached by the physicians after the hopeful stage was past. They had found it most discouraging to try to do anything for the average case, as there was no sanatorium near home and the state sanatorium had such a long waiting list that such patients as would consent to go so far from home usually died before there was a bed for them. Home care had proven very unsatisfactory as there was no system of follow-up work. Nearly all promised their cooperation in the work. The colored physicians were deeply interested, speaking especially of the problem of house infection, i. e., one tuberculous family would move out and a healthy one move in only to become infected, and this process would be repeated over and over. They also said the prognosis was very bad with their people on

account of susceptibility and poor living conditions, as well as the fact that the patients were so loath to admit that they had the disease, as it kept them from getting work.

I was also assigned to the venereal clinic which is run under the United States Public Health Service and is considered one of the most important pieces of war work. There are two physicians in attendance, employed by the United States Public Health Service. I attended the clinic from 4 to 6 daily for six weeks, when a nurse who had been doing that work in connection with a large city hospital was assigned by the Red Cross to do it and the follow-up work. The Red Cross also sent a male nurse at about the same time, to assist in the clinic. It is estimated that forty per cent of the colored people have venereal infections and one-third of the population is colored. I do not know the percentage of infection in the whites, but I know it is high.

During the Christmas holidays I took the work of the visiting nurse while she went on a needed vacation for two weeks; it seemed good to get back to real visiting nurse work again.

I made a sort of preliminary survey of the tuberculosis situation by following up all the cases given by physicians, the Associated Charities, the visiting nurse, and all those that had been reported to the Health Department in the past two years. Leaving out those who had died and whose families had not been located, I found about fifty cases of positive and suspected tuberculosis. Two of the first cases I investigated lived in mill company houses, immediately back of which were a row of dirt closets (outside privies) in an unspeakable condition and in close proximity to open wells from which the tenants received their only water supply. This was a great shock to me, and still is, but it is such a common thing here that few people think anything about it. One of these patients was a man with eight children who, on account of failing health, had drifted around from one mill to another, working irregularly. He was not at home on my first visit but his wife told me he had been spitting blood and if I didn't believe it I could go over to the mill and see for myself where he had been spitting on the floor.

We opened our Tuberculosis Dispensary in the same building as the Associated Charities and Health Department, using a stove-heated room which had been a store. It has the usual store front and was partitioned off in three rooms, giving us a nice light examining room in front, and back of this a good sized room where we have screened off two dressing rooms, leaving the rest of this room for the stove, supply table and cupboards. The other room is divided by a curtain into two waiting rooms, one for white and one for colored patients. We started with ten dispensary patients, had sixteen the next day, and have averaged twenty a day, or forty a week, since. (We hold clinic on two afternoons, as the doctor works in the schools in the morning.) So far the patients have been about equally divided between white and colored.

I never thought I should like tuberculosis work as a steady diet, but I have found it intensely interesting and growing more so. I thank my stars every day for the many tedious trips I made taking suspected tuberculous patients to the dispensary when I felt I was so busy I couldn't possibly spare the time, and am glad I kept my eyes and ears open and cultivated so many happy and helpful friendships with the tuberculosis nurses and got their viewpoint as much as I did, although I was somewhat unconscious of it at the time.

To give some idea of the scope of the work, I will give some figures from my February monthly report, as follows: Old cases, 44; new cases, 81; forwarded cases, 85; dismissed cases, 40; total, 125. Of the dismissed cases, nine left the city, seven died, eleven were not tuberculous, ten were transferred to the visiting

nurse for nursing care and three refused coöperation. I had 82 dispensary cases and made 165 home visits. I do not give nursing care but turn over the bed-ridden cases to the visiting nurses, there are two colored nurses employed by the United States Public Health Service to give nursing care to the colored patients.

The figures I have given do not sound large to Chicago nurses, I know, but you must realize that I have to cover a scattered city of 55,000 inhabitants, besides the mill villages, part of which are outside the city limits, that our transportation facilities are not those of Chicago, the cars serving the outlying districts running at best every twenty minutes and we often have to walk ten or twelve blocks at a stretch, then make a call and do as much over again, so you see that truly this is not Chicago. Outside the heart of the city some of the districts do not know what a sidewalk or a bit of pavement is, and the soil is a red, sticky clay; we've had lots of snow and rain, which means mud such as I had never even dreamed of. You just stick and slip and sink way over your rubbers and have to ford creeks and climb up embankments and jump down again.

Our housing problem is different, too. There are the colored districts with the small separate houses or cabins, most of which are very old and dilapidated. About half of these have no sewer connections and those which have, are very poorly equipped with the outside flush toilets which are often out of order and it is almost impossible to get the landlords to do any repairing. The only means of heating in most cases is the old-time fireplace, where all the cooking is done and the flat irons heated. Hot breads are baked by being put into what we would call a deep frying pan with a cast iron lid. The dough is put into this and it is set either on the hot bricks in front of the fire or on hot coals, and hot coals are piled on the lid. All the boiling and frying is done in this way, and when the nurse goes in and finds no hot water, all she has to do is to set a pan of water into the fireplace.

During the terribly cold weather this winter, there was much suffering, both in these and the mill houses, as most of them are set upon brick supports four or five feet high, with no wall beneath, only simple board floors where you could see through the cracks. There would be only a grate fire, with fuel very high and very scarce. It was a wicked waste of fuel as well as of life and health. Cellars or house foundations seem to be unknown.

The mill houses usually have four or five rooms; they are better constructed and better kept up than the other houses built to rent, but are terribly cold in winter. We have eleven mills skirting the city, three or four of which are inside the city limits, and each has its own little village of houses for employes. The rents vary from \$5.00 to \$10.00 a month. Only one of these has sewer connections and two mills have put in septic tanks for the outside toilets, but the others will be compelled to do so this spring on account of the camp being here.

We have the problem of the lodger, both male and female, in the mill homes as well as among the colored people, where it is much worse than in our most congested districts in Chicago. I found a deserted colored woman last week dying of tuberculosis, and two children of eight and ten sleeping with her. The only window in the room was nailed down, an old quilt nailed over it to keep out light and draughts. There were three rooms, she and her two children having the middle one, the other two being rented by seven colored girls. This woman died two days later and I got the children to the dispensary; they both had high temperatures and an active tuberculosis. I reported them to the Associated Charities, who got after the father to support them, which he did by picking them up and carrying them to his old mother in the country.

A young colored man came to the dispensary about three weeks ago, referred by his doctor for a diagnosis. He proved to be an open case of tuberculosis and seemed intelligent and coöperative. I told his mother what his trouble was and made quite satisfactory sleeping arrangements for him, and things were going along very nicely when I left, although the mother couldn't see why her boy had consumption when it wasn't in the family. On my next visit I certainly got the cold shoulder and the old lady informed me that she never heard of such foolishness and she was going to take her baby (who is 26) and move away from here; he only had a cold anyhow and she had got him a bottle of medicine which would cure him without all that fuss and I didn't need to come interrogatin' around there any more.

A little rosy-cheeked white boy came in last week and asked me if I thought he had tuberculosis. I told him I'd have to let the doctor decide that but he didn't look as if he had, when he said very emphatically, "Well, that Red Cross nurse at the school looked at my head and I heard her say I had tuberculosis," so you see we get good coöperation from school nurses. One of my nicest patients is a girl 25 years old, who has worked in one mill regularly since she was 10. She has laryngeal tuberculosis, which is rather common among the mill workers as well as other forms. None of the mills here do any welfare work, but I have learned that some of those in smaller towns near here do a good deal.

This work is done primarily to protect the soldiers and our visits to the homes have brought out some interesting facts. Two colored women came to the dispensary, one an old lady going blind, and the other with a cough of long standing. The former was referred to the venereal clinic, where she was found to be syphilitic, and the other an open case of tuberculosis. Both had been doing soldiers' washing. In another awfully dirty home I found the mother of two tuberculous children ironing the soldiers' clothes and putting them on a filthy bed.

Recently I went to the State Conference of Charities, where we had a very interesting section on public health nursing. The chairman of the section, a very charming nurse, was the woman we remember for her most successful work in the Kentucky mountains. In our section on community nursing, at which there were about ten public health nurses from all over the state, it was brought out that only the chairman and myself wore uniforms, although we were all doing all sorts of home work. There was an excellent general programme and we all came away with a lot of respect for the work which has been started and is being attempted throughout the state.

Our uniforms have been the source of much speculation on the part of people here who do not know about us. I was walking through a colored district one day and heard one girl say to another, "She must be selling soap." The other looked me over and said after a moment, "I reckon she must be Salvation." Our service uniform is of gray chambray and we wear white organdie collars and cuffs, with muslin aprons when the latter are necessary.

Please tell the nurses that if they are ever inclined to be impatient with the relief agencies for not giving adequate relief promptly, just to stop and think of us and be thankful that they have an organization of trained workers to appeal to; if they are ever discouraged with child-placing agencies and institutions, just think what it would be not to have any. There is one state industrial school for white boys, none for girls, and none for our colored children, no Juvenile Court, no city hospital, no St. Vincent de Paul, no Infant Welfare, no convalescent homes, no city physicians and no dispensaries. Last but by no means least, we have no

Board of Directors and big Visiting Nurse Association working shoulder to shoulder with us, and in spite of it all, we are here, liking our new work.

SECOND LETTER

I came here to help stamp out a typhoid fever epidemic but on my arrival I found that the zero weather had done it for us, and for three weeks I hardly did a thing. Now I am a county school nurse and have a Ford for my special use.

The work is very interesting but it took me a long time to realize it, for I did not know much about school nursing and I wanted to do visiting nursing. Fancy medical inspection in schools where boys of 18, 19 and 20 in freshman high school are not unusual. Fancy covering fifteen schools in five towns and running up against small pox, in addition to every other kind of infectious disease, when I had been working in a small, congested area about a half mile square. My first monthly report shows 284 physical examinations, assistance in 557 vaccinations, 260 vaccination re-dressings, 12 talks in schools, and only 22 home visits. One can't be county school nurse and an efficient home visiting nurse at the same time, but the work is worth while and even in this short time we feel that we are getting somewhere with it.

THIRD LETTER

Two Red Cross nurses were ordered to report for duty early in October. On arrival no definite work was undertaken, as the Director of the Unit thought it better to acquaint ourselves with local conditions. In accordance with these instructions, we made a survey of our zone as related to public health nursing. We found the following facts to concern us.

Our zone covered a territory of five miles about the camp, in which zone we were concerned with the prevention and control of communicable disease. Our district consisted of the city of Spartanburg, S. C., a cotton manufacturing and railway center of about 20,000 inhabitants in normal times, but now of at least double that number. The population of the district outside the city comprised about 2,500, in the numerous cotton mill villages. There were a few farms with small groups of negro laborers and tenants.

The city had a Board of Health and a full time Director of Health who welcomed our coming as an aid toward solving many problems. He had one public health nurse who acted as quarantine officer and clerk; she investigated cases of illness and gave instructive care. There was no county health officer, no free hospital beds or clinic facilities. A local physician made charity calls on a fee basis. There were good schools with an enrollment of about 4,000 children. No systematic medical inspection of schools was being done, but volunteer inspection had been made. No follow-up work had been undertaken.

In our second week, some cases of typhoid fever were reported in an adjacent mill village. We gave nursing and instructive care, while investigations were made of the water and milk supply. The water was supplied by shallow surface wells in all stages of repair. They were all contaminated, some to the extent of 98 per cent *B. Coli*. Needless to say, our Director actively intervened with the result of closing the more dangerous wells at once, and arrangements were made to improve these conditions. Other villages having typhoid cases asked for our services, some of them as far away as twelve miles. The Director being willing to have us undertake any work we considered advisable, we were able to do some very interesting work in these communities. We had a total of 26 cases of typhoid.

Before we had been in the field two months, we had as our nursing staff,

the supervising nurse and assistant, paid by the Red Cross, a school nurse, paid by the U. S. Public Health Service, and the City Health Department nurse. This coördinated all the nursing service in this zone and we were able to cover the work more satisfactorily. We organized a Council of Social Agencies and had regular monthly meetings. As this time we had the pleasure and benefit of a visit from Mary E. Lent Supervising Nurse for the U. S. Public Health Service. Rules were suggested by her and approved by our Medical Director. She also advised the purchase of all necessary equipment instead of make-shift. She considered it essential to have nursing bags, large gowns, caps and masks, and a kit to be loaned when necessary consisting of: tub, dish pan, garbage pail, water pail, two basins, two towels, one gown and cap, one pair of rubber gloves (these last to be taken in the bag). We had a fairly good system of reports and cards. She advised having the regulation card which had been worked out by the National Organization of Public Health Nursing printed, when more should become necessary.

Our Unit was really part of the U. S. Public Health Service. We worked under a Director appointed by that service and there was no line drawn in any way. The larger part of the personnel were U. S. Public Health Service appointments, but we knew no difference except by the uniforms. We had a car for the use of the nurses and this made our work much more effective. We enjoyed the many drives about the beautiful country, that were required by our work. We attended a number of meetings and gave talks, as this was considered a great factor in the prevention and control of communicable diseases. We tried to be of general service to the community and to meet the various needs.

During January and February we had a few cases of cerebro-spinal meningitis reported in our zone. This greatly increased our work, as we assisted with lumbar punctures, giving serum, taking swabs, etc., and rounding up all contacts on cases. All reports of communicable diseases made to either the City Health office or to the U. S. Public Health office were turned over to us. We investigated, isolated or quarantined, nursed or instructed, or released all cases reported or found in our zone. As we went into the homes, we often found cases of illness unattended or unreported. The school nurse discovered the greater number of these. In a great many instances, we found direct contact with soldiers in these homes. Prompt reports to our Director were made, who at once notified the camp officials. It has been very delightful work as we were able to take steps to remedy almost any condition requiring it and the work increases in scope all the time. School clinics and a venereal clinic are being equipped and there can be no doubt as to the benefit resulting to the community in these zones.

The soldiers at the front are asking more and more for education, looking forward to the time when the war will be over. The English Y. M. C. A. arranged a series of high class lectures on astronomy, heredity, sea power, etc., for the soldiers. The Khaki College at Witley opened its second session with over one thousand soldier students. A branch for Canadians in London, at University College, is crowded.